

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <i>Waubay Clipper</i>		2. DATE <i>11-8-13</i>
3. FREQUENCY OF ISSUE <i>Weekly</i>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <i>50 minimum</i>	3B. ANNUAL SUBSCRIPTION PRICE \$ <i>27-In-State \$35-Out of State</i>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <i>P.O. Box 47-Waubay, Day, SD. 57273-0047</i>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <i>P.O. Box 47-Waubay, SD. 57273-0047</i>		
6. FULL NAME OF PUBLISHER: <i>Linda M. Walters</i>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME <i>Linda M. Walters</i>		COMPLETE MAILING ADDRESS <i>P.O. Box 47-Waubay, SD. 57273-0047</i>
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <i>NONE</i>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<i>700</i>	<i>700</i>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	<i>375</i>	<i>375</i>
2. Mail Subscription (Paid and or requested)	<i>237</i>	<i>238</i>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<i>612</i>	<i>613</i>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<i>7</i>	<i>7</i>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<i>0</i>	<i>0</i>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<i>619</i>	<i>619</i>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<i>81</i>	<i>80</i>
2. Return from News Agents	<i>0</i>	<i>0</i>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<i>700</i>	<i>700</i>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Linda M. Walters
 (Signature)

November 8-2013
 (Title)

State of South Dakota)
 County of *Day*)
 (Seal)

Sworn to before me this *8th* day of *Nov*, 20*13*
Paula J. Beisch
 Notary Public

My commission expires: *Paula J. Beisch*

Notary Public, Day County, S. Dak.
 My Commission Expires
 January 30, 2016